



This is an important notice. Please have it translated.
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 ĐÂY LÀ MỘT BẢN THÔNG CÁO QUAN TRỌNG
 XIN VUI LÒNG CHO DỊCH LẠI THÔNG CÁO ẤY
 Ceci est important. Veuillez faire traduire.
 本通知很重要。请将之译成中文。
 នេះគឺជាសំណើសំខាន់ សូមមេត្តាបកប្រែជូនផង
 Это очень важное сообщение Обязательно переведите



Unassisted Family Housing Application

Development Name	Location	Number of Units by BR Size		
		1BR	2BR	3BR
Chelmsford Woods Residences	267 Littleton Road, Chelmsford	21	51	21

2024 RENTS AND MINIMUM INCOME REQUIREMENTS

Income Tier	2024 RENTS BY UNIT SIZE			2024 MINIMUM INCOME REQUIREMENTS		
	1BR	2BR	3BR	1BR	2BR	3BR
60% AMI	\$1,547	\$1,857	\$2,145	\$46,410	\$55,710	\$64,350

2024 MAXIMUM INCOME LIMITS BY HOUSEHOLD SIZE

Set Aside Restriction	1 Person	2 Person	3 Person	4 Person	5 Person	6 Person	7 Person	8 Person
60% AMI	\$57,780	\$66,000	\$74,280	\$82,500	\$89,100	\$95,700	\$102,300	\$108,900

The chart above shows the maximum income allowable for each household size in order to be considered eligible for the specified housing program. To be eligible for an apartment offer your income may not exceed the amounts based on household size. These income limits are subject to change annually during the first half of each year.

1. **APPLICANT REQUIREMENTS FOR WAITING LIST PROCESSING:**

- The entire household's income must be below the maximum allowable.
- The household must be of appropriate size.

2. **VITAL DOCUMENTATION:**

- **Proof of Age** (e.g., photocopy of Birth Certificate, Valid Passport, Military Discharge Papers, etc.)
- **Photo Identification** (photocopy of license, passport, etc.)
- **Social Security Number Documentation:** All family members must provide a social security card or another form of verification that contains their SSN (e.g., driver's license **with** SSN; identification issued by a federal, state or local agency, etc.).
- **Proof of Chelmsford residency (if applicable):** Please provide three **current** proofs of residency if you currently reside in Chelmsford (i.e., driver's license, utility bill, voter registration card) or are currently employed in the Town of Chelmsford for at least 10 hours per week (letter from employer on company letterhead, etc.)
- **Documentation from Physician:** If you require a **wheelchair accessible apartment** or a reasonable accommodation, documentation from your physician will be required.



3. BEFORE YOU SUBMIT YOUR APPLICATION, MAKE SURE YOU HAVE THE FOLLOWING:

- ✓ Completed all fields of the Application Packet
- ✓ Signed the Application Packet
- ✓ Gathered all supporting documentation specific to your application

Your completed application can be mailed or faxed to:

Chelmsford Woods Residences
267 Littleton Road
Chelmsford, MA 01824
FAX (978) 455-7212 or (978) 256-1895
PHONE (978) 256-7425; TTY (800) 439-0183

(Please note: All faxed applications must be followed with receipt of original to this office.)

4. FINAL SCREENING

- When the applicant's name comes to the top of the waiting list, and the applicant is notified of the Final Screening phase, the First Month's Rent Deposit of \$100 will be due and payable to Chelmsford Woods Residences.

If you have questions regarding this application, please contact the Chelmsford Housing Authority office at (978) 256-7425

Incomplete applications will not be processed

TENANT SELECTION PLAN – Condensed Version

Chelmsford Woods Residences I & II

Family Housing Development

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Это очень важное сообщение. Обязательно переведите

Description

This is a 116-unit development located at 267 Littleton Road, Chelmsford, MA consisting of one, two and three bedroom units for households whose income is at or below 60% of Area Median Income. There are a total of (18) Section 8 Project Based Vouchers and (5) MRVP Project Based Vouchers.

Property Specific Rules

Chelmsford Woods Residences is smoke-free property and pets under 25lbs are permitted (one pet per household).

Move In Requirements

- a) Proof of Renter’s Insurance must be provided at time of move in.
 - All applicants/residents must secure Renter’s Insurance prior to move in and maintain an active policy throughout their tenancy
- b) Security Deposit equal to one full month’s gross rent
- c) First Month’s Rent payment
- d) Pest Inspection Certificate must be provided within 72 hours prior to move in.
 - All applicants/residents must have all of their personal belonging inspected/treated by a licensed pest inspection company within 72 hours of moving in.
- e) All applicable utilities must be placed into the new tenant’s name and proof of such provided at the time of move in.

Tenant Selection Process

Tenant selection reflects the Chelmsford Housing Authority’s (CHA) and CHOICE, Inc. commitment to housing very low-income people and those who are long-term homeless, at risk of long-term homelessness and have barriers to housing including disabilities, poor rental or credit histories, and criminal histories.

1. Eligibility Requirements

Tenants who are admitted must be individually determined as eligible and suitable. In order to meet the eligibility requirements for Chelmsford Woods Residences, an applicant must meet the following criteria:

Eligibility: Income requirement	Number of units
Individuals have incomes at or below 30% of Area Median Income.	12
Individuals have incomes at or below 50% of Area Median Income.	8
Individuals have incomes at or below 60% of Area Median Income.	96
Student Status	Number of units
Restricted from providing assistance to students enrolled in institutions of higher education (either full or part time) who meet the criteria set forth in 24 CFR 5.612.	116



2. Screening For Suitability

The following shall be considered the essential requirements of tenancy and determine whether an applicant should be rejected for failing to meet such requirements:

- (a) to pay rent and other charges under the lease in a timely manner. Income must equal total rent x 12, divided by 40%. Except for households subject to subsidized rent programs where no minimum income is required;
- (b) to care for and avoid damaging the unit and common areas, to use facilities and equipment in a reasonable way, and to not create health or safety hazards;
- (c) not to interfere with the rights and enjoyment of others and not to damage the property of others;
- (d) not to engage in any activity that threatens the health, safety or right to peaceful enjoyment of other residents or staff, not to engage in activity on or near the premises that involves illegal use of controlled substances or weapons, and not to engage in any criminal activity on or off the premises that would be detrimental to the housing should it occur on the premises;
- (e) to comply with necessary and reasonable rules and program requirements of the housing provider; and
- (f) Chelmsford Woods Residences is a smoke-free apartment community. Households with members who intend to smoke in the units will be denied. Households who violate the smoke-free policy may be subject to eviction.

3. Screening Procedures

- a) Interview - Each applicant's household member, 18 years of age and older, will be required to participate in an in-person interview with the management agent. Every member of the applicant household should be present at the interview, except when there are documented extenuating circumstances, and;
- b) Record of Prior Criminal History. Criminal Offender Record Information (CORI) report for all states in which the applicant has resided, and;
- c) Sex Offender Registration Status, and;
- d) References from landlords in the last five years or from the last two successive tenancies, whichever is more inclusive, and;
- e) Credit references furnished by a credit bureau, and;
- f) Three (3) non-familial, personal references provided by the applicant, and;
- g) Verification of income either from a present employer, appropriate agency, financial institution or other appropriate party, and;
- h) Visits to the applicant's current residence to assess housekeeping habits if such visits are required as a result of a negative Interview, Landlord Verification, or Personal Reference, and;
- i) Verification of a disability to determine whether a family or person meets the definition of disability used to determine eligibility for occupancy.

Applicants with Disabilities and Reasonable Accommodations: The Agent shall make reasonable accommodations in policies or reasonable modifications of common areas or unit premises for all applicants with disabilities (as defined in the above listed Acts or any subsequent legislation) who require such changes to have equal access to any aspect of the application process or to the Development and its programs and services. The Agent shall, for example, arrange for sign language interpreters or other communication aides for interviews during the application process.

Limited English Proficiency

Chelmsford Housing Authority's (CHA) and CHOICE, Inc. shall determine, as part of its obligation to take reasonable steps to ensure meaningful access to the Development and its programs by persons with Limited English Proficiency (LEP), those Oral Language Services (i.e., Interpretation) and Written Language Services (i.e. Translation) that may be required in connection with the implementation of this Plan.

APPLICATION FOR UNASSISTED FAMILY APARTMENTS

Please submit the completed application to:
Chelmsford Woods Residences, 267 Littleton Road, Chelmsford MA 01824

Waiting List Selection (check off your property selection(s) and unit size):

	1BR	2BR	3BR
Chelmsford Woods Residences, Chelmsford, MA			

PLEASE PRINT CLEARLY

PART A: GENERAL INFORMATION

Head of Household Name:					
Current Address:					
City:		State:		Zip:	
Mailing Address: <i>(only if different from above)</i>					
City:		State:		Zip:	
Daytime Phone:		Evening Phone:			
Email:					

REASONABLE ACCOMMODATION

Persons with disabilities are entitled to request a reasonable accommodation in rules, policies, practices, or services, or to request a reasonable modification in the housing, when such accommodations or modifications may be necessary to afford persons with disabilities an equal opportunity to use and enjoy the housing.

Does any member of the household have any accessibility or reasonable accommodation requests or changes in a unit or development or alternative ways we need to communicate with you?

Yes No

If yes, please explain in the space provided here or write a signed statement and attach it:

MINORITY: (OPTIONAL) Information will be used to determine effectiveness of affirmative outreach. Response is strictly voluntary and will not affect your application.

<input type="checkbox"/> Alaskan Native or Native American	<input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian or Pacific Islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian India	<input type="checkbox"/> Native Hawaiian
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Chinese	<input type="checkbox"/> Guamanian or Chamorro
<input type="checkbox"/> White (not of Hispanic Origin)	<input type="checkbox"/> Filipino	<input type="checkbox"/> Samoan
<input type="checkbox"/> Other (please specify)	<input type="checkbox"/> Japanese	<input type="checkbox"/> Other Pacific Islander
	<input type="checkbox"/> Vietnamese	
	<input type="checkbox"/> Other Asian	

PART B: INFORMATION ABOUT MEMBERS OF THE HOUSEHOLD

List all adults and children (head/spouse/co-head regardless of age) who will be living in the home, beginning with the head of household. Each box must be completed for each member. No one except those listed on this form may live in the unit.

HOUSEHOLD MEMBERS

NAME	Relation to Head	Disabled Y/N	Gender Identity	Date of Birth	SSN/ARN
1.	Head				
2.					
3.					
4.					
5.					
6.					

ANSWER THE FOLLOWING QUESTIONS ABOUT ALL MEMBERS OF THE HOUSEHOLD:

- Will **all** of the persons in the household be or have been full-time students during five calendar months of this year or plan to be in the next calendar year at an educational institution (other than a correspondence school) with regular faculty and students? Yes No
- Do you require a wheelchair accessible unit?..... Yes No (If yes, you must provide a letter from a medical practitioner that someone in your household uses a wheelchair, walker or double canes)
- Do you require a first-floor unit if an elevator is not available? Yes No (If yes, you must provide a letter from a medical practitioner that someone in your household requires a first-floor unit.)
- Have you or any member of your household ever been convicted of a felony? Yes No
If yes, how many times? _____. Please explain. (Include when arrested, where arrested and the reason for the arrest. Attach a separate sheet if needed)



5. Are you or any member of your household currently using an illegal substance? Yes No
 6. Are you, or any member of your household, subject to a lifetime registered sex offender registration requirement in any state? Yes No
 7. Chelmsford Woods Residences is committed to providing a safe and healthy environment and to promoting the health and well-being of its residents, staff, and guests. As such, the buildings and apartments of Chelmsford Woods Residences are smoke-free. Chelmsford Woods Residences has one designated smoking area where smoking is permitted. Households who violate the smoke-free policy may be subject to eviction. **Do you intend to smoke on the premises? How many people living with you smoke?** Yes No Number of smokers: _____
 8. Have you ever received, or are you currently receiving, rental housing assistance through another housing authority or agency? Yes No If yes, name of agency or housing authority: _____
 9. Do you own any pets? Yes No **If yes, describe (type, breed, number, age)** _____
-

PART C: INCOME & ASSETS OF FAMILY MEMBERS

1. List the sources and amounts of all income (money) expected for the coming 12 months for all family members from any and all sources. (Earned and Unearned)

Family Member Name	Income Source/Employer Name	Amount \$	Frequency— (Circle one)
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year
			Week Bi-Week Month Year

2. Do you or any family member own or have access to any of the following?

- | | | | | | |
|------------------------|------------------------------|-----------------------------|--------------------------------|------------------------------|-----------------------------|
| Savings Account | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Checking Account | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Certificate of Deposit | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Debit Card Account | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stocks | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Bonds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Real Property (land) | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Trust Funds | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pensions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Individual retirement accounts | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Inheritances | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Life insurance policies | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, please detail each asset checked on the following page:



Family Member Name	Type of Asset	Account Number	Value

PART D: APPLICANT CERTIFICATION

- I/We hereby certify that I/We Do/Will Not maintain a separate subsidized rental unit in another location.
- I/We further certify that this will be my/our permanent residence.
- I/We understand I/We must pay a security deposit for this apartment prior to occupancy.
- I/We understand that my eligibility for housing will be based on applicable income limits and by management’s selection criteria.
- I/We certify that all information in this application is true to the best of my/our knowledge and I/We understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy. Inquiries may be made to verify the statements herein.
- All information is regarded as confidential in nature, and a consumer credit report and a Criminal Offenders Record Information (CORI) report or other criminal background check will also be required.
- I/We hereby certify that we have received a notice from the management agent describing the right to reasonable accommodations for persons with disabilities.
- All adult applicants, 18 or older, must sign application.

Signed under the pains and penalties of perjury

Signature of Head of Household _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____

Other Adult _____ Date _____



Application Agreement

- 1. First Month’s Rent Deposit.** A first month’s rent deposit in the amount of \$100.00 is due at the time of Final Screening and not when placed on the waitlist. However, to the extent that the amount collected (i.e. \$100.00) exceeds the tenant's portion, the excess amount will be returned. This amount is not a security deposit, and will be credited to your first month’s rent when the Application has been approved and the Residential Lease has been signed by all parties. Thereafter, the balance of the first month’s rent shall be due in accordance with the Residential Lease.
- 2. Refund of First Month’s Rent Deposit If Non-approved.** If you or any co-applicant is not approved, the First Month Rent Deposit will be refunded to you within twenty days of the disapproval. The refund check may be made payable to all co-applicants and mailed to only one applicant.
- 3. First Month’s Rent Deposit Not Refundable – Liquidated Damages.** The First Month’s Rent Deposit will be nonrefundable and retained by us as agreed upon liquidated damages pursuant to 950 CMR 3.17(6)(c) and the parties will have no further obligations to each other under the following circumstances: (a) if you and all co-applicants fail to sign the Lease Agreement after approval; or (b) you and your co-applicants withdraw your application or otherwise notify us that you do intend to rent the dwelling unit after tendering the deposit, completing the application and after the application has been processed.
- 4. Acknowledgement.** You acknowledge and agree that if you fail to answer any question or give false information, we may reject the application, retain all first month’s rent deposits as the agreed upon liquidated damages pursuant to 950 CMR 3.17(6)(c), and terminate any right of occupancy. In lawsuits relating to this application, we may recover all attorney’s fees and litigation costs in enforcement of this agreement.

SIGNATURE (S):

Management Agent	Date
Head of Household	Date